

EIPRP Meeting Minutes

Date of Meeting: April 26, 2007

Type of Meeting: Standing Committee

Facilitator: Tom Simpatico, MD

Note Taker: Adriana Cheever

Attendees: Tom Simpatico, Medical Director; Anne Jerman, Nursing Administrator; Jane Winterling, Vermont Psychiatric Survivors; Steve Barden, RN, Nursing Coordinator; BII; Francine Levine, Nursing Coordinator, BR; John Malloy, MD; BII; Tomie Murray; QA

Agenda Topics: New Data representation (IT Person will demonstrate), Data from last month, Grant that is being applied for by VSH.

Discussed: Data history for seclusion and restraint-will have by next meeting.

Discussed: Grant

VSH will be applying for a \$750, 00 grant. The things that we would like to do with this money are look at people who are not accepting treatment, what we can do about this, look at the laws, and what modalities we can bring to help with this, such as looking at interventions at decreasing stimuli.

Jane Winterling- Asked about whether this would include trauma treatment.

Tom Simpatico- Stated we would include trauma treatment, and possible partnering up with another facility. We would look at the adult population at other facilities and other facilities could deal with adolescent population. Grant application would need to be submitted by May 11th. Dr. Simpatico felt that we have a good chance of obtaining this grant as we have already established programs here at VSH such as this EIPRP group.

Dr. Black- Stated that when patient become out of control, their behavior becomes dysregulated. We can steady this and measure these behaviors.

Tom Simpatico- Stated this would be an opportunity for us to implement new modalities such as:

Create teams to consult with treatment teams who have or have not used emergency procedures, these teams could be available to work with the treatment team and create a treatment plan and interventions for these individual clients such as having “Comfort rooms.” Apply interventions like distractions-example rubber band on wrist, to help focus on themselves not at around outside forces. These consult teams will bring information to learn that will them expertise. Also apply sensory interventions and sensory activities.

Jane Winterling- Asked how we would make these modifications.

Tom Simpatico- Stated there are some aspects of this program we can set up right away, such as using the UCLA guidelines and the use of space to help acute clients when they are in need of personal space. He stated much of these areas will happen on the unit. We could possibly achieve this by making additional rooms at the end of each ward. We are also in the process of having clients transitioning to Second Spring in Williamstown. Depends if this transition works out there is a possibility of using the current patient’s rooms “as comfort rooms.”

Dr. Black- Stated this would help the staff look at the patient as trying to regulate their own behavior.

Tom Simpatico- Felt the program that we set up here at VSH would also help ensure that if we do get a new facility these programs and plans will carry on to the new facility.

Jane Winterling- Felt these new modalities will be challenging to some of the new staff.

Anne Jerman-Felt that it would give staff more options to work with the patients. But stated of course there will be some opposition but after training and implementation that she would feel that the staff would find these modalities useful.

Jane Winterling-Felt these discussions are necessary in overcoming the walls we might face.

Tom Simpatico-Stated that even if we do not receive this grant, we would try to implement these programs and plans because he would like to see this happen either way, with or without the grant.

Jane Winterling-Asked about collecting data about the positive work this group has been doing would be good.

Discussed: Data representation-2006 (Episodes of seclusion by months throughout the hospital) taking out the two top outliers; mean time, episodes of hours of seclusion by month, episodes of seclusion by shift, and by unit. It was found that mostly in the evenings are the highest number of seclusions that occur.

Dr. Black-Asked about seasonal effects.

Tom Simpatico-Stated there is some evidence of some increase in April and May.

Anne Jerman-Stated we would need to look at past years to really see if there is a trend.

Tomie Murray- Felt it would be great to look at a period of two to three years to see what progress has been made and if the change of seasons were a factor.

Tom Simpatico-Also looked at current year (2007), January, February, and March data. This included all units-am shift, pm shift, and evening shift. In January the number of seclusions was very low. Ten for the month, four alone on Brooks I. Broosk Rehab had none. Dr. Simpatico would like to email group prior to meeting for everyone to have time to look over. Data included:

Hours of seclusion per 100 patients hours or episodes per patient hours.

Restraints (Ambulatory and Non Ambulatory) data.

Episodes of non-ambulatory restraint and T20 Filter.

Emergency involuntary medications.

We will be working on getting data on having emergency involuntary medications along the use of other involuntary procedures.

Tom Simpatico-Also stated that Emily's data showed that people who were taking medications were more likely to receive involuntary procedures.

Discussed: Next month's meeting.

Tom Simpatico-next month we discuss cases studies from team and go over more data.